Invoice Address
Wirral Univ Teaching Hospital NHSFT
Clatterbridge Hospital WUTHC1 700095
Accounts Payable
Clatterbridge Road
Bebington
CH63 4JY

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Contact Name	Purchasing Dept
Contact Tel	01516773703
Account	00005164
Customer Reference	RBLN400218542
Date	09 Dec 2024
Tracking Number	1Z9W96386840125490
Priced In	UK Pounds

Delivery Address
Arrowe Park Hospital
WUTHA Goods Distribution Centre
703804 Hospital Stores
Arrowe Park Road
Upton
CH49 5PE

Invoice RVM153814-1

CIP Carriage and Insurance Paid To Arrowe Park Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM153814-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840125490		10.00	2.00	12.00

Total Net:	175.90
Total Vat:	35.18
Total:	211.08

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22

Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.
Full invoice amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 7 days of invoice.
Shortages or damage within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full has been received.